

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50286

1. Entity Name

TAMPA EDUCATIONAL ACADEMY OF CHRISTIAN HERITAGE,

Principal Place of Business

503 WEST HENRY AVE.
TAMPA FL 33604

Mailing Address

P. O. BOX 360381
TAMPA FL 33673-0381

2. Principal Place of Business

20009 State Road 51

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Zip

33549

Country

USA

Country

4. FEI Number

59-3146581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNLOP, DOUGLAS A.
503 W. HENRY AVE.
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name: Dunlop, Douglas A.

Street Address (P.O. Box Number is Not Acceptable)

20009 State Road 51

City

Lutz

FL

Zip Code

33549

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Douglas A. Dunlop

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/05/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DUNLOP, DOUGLAS A.
STREET ADDRESS 503 W. HENRY AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME DUNLOP, BARBARA J.
STREET ADDRESS 503 W. HENRY AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME LAVELY, KATHLEEN M
STREET ADDRESS 1119 BRISTOL WOOD ST
CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ Delete
NAME LISA DUNLOP,
STREET ADDRESS 503 W. HENRY AVE.
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ Delete
NAME MCNABB, JOANNE Z
STREET ADDRESS 2404 S CLARK AVE
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~BSIGNATURE REQUIRED~~ Barbara J. Dunlop 04/05/00 (813) 948-6387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE